

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

4 (Report)

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE Mr. FIRST Arturo MI  
NICKNAME LAST Peña SUFFIX

OFFICE USE ONLY

Date Received

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEX

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
P.O. BOX 470252  
FORT WORTH, TX 76106

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN  
TREASURER  
NAME

TITLE Ms. FIRST SYLVIA MI A.  
NICKNAME LAST ACOSTA SUFFIX

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

3113 N. Nichols St. Fort Worth, TX  
76106

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 626-5846

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year Month Day Year  
01/29/03 THROUGH 04/01/03

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE  
05/03/03 ☐ Primary ☐ Runoff ☐ General ☒ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council Dist. 2

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

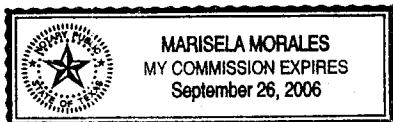
# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <u>Arturo Peña</u>		15 ACCOUNT # (Ethics Commission filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	<p>.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..</p>	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)	
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>4,295.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>550.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>- 0 -</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,306.62</u>
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

## 19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Arturo Peña  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Arturo Peña, this the 3rd day of April, 20 03, to certify which, witness my hand and seal of office.

Marisela Morales  
Signature of officer administering oath

Marisela Morales  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1

2 FILER NAME

Arturo Peña

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/20/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Calvina Martinez

7 Amount of  
contribution (\$)

\$200.00

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

1510 Riverbend Azle TX 76020

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1/20/03

Full name of contributor

☐ out-of-state PAC (ID#)

Mike Medrano

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

1809 Lincoln Ave.  
FORT WORTH, TX 76106

Principal occupation (Optional)

Employer (Optional)

Date

1/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

LAVOYD WILLIAMS

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

1415 NW 28TH ST.  
FORT WORTH, TX 76106

Principal occupation (Optional)

Employer (Optional)

Date

1/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

ALCEE AND ARIEL CHRISS

Amount of  
contribution (\$)

\$90.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

7660 LEVY ACRE CIR. W  
BURLESON, TX 76028

Principal occupation (Optional)

Employer (Optional)

Date

3/22/03

Full name of contributor

☐ out-of-state PAC (ID#)

Diane Wood

Amount of  
contribution (\$)

\$60

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

2308 Aster Ave.  
FORT WORTH, TX 76111

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PLEDGED CONTRIBUTIONS****SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, &amp; SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages this Schedule B1:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED PLEDGES:    ⇨    ⇨    ⇨    ⇨    ⇨    ⇨

\$

**5** Date**6** Full name of pledgor    ☐ out-of-state PAC (ID#: \_\_\_\_\_)**8** Amount of  
pledge (\$)**9** In-kind description  
(if applicable)**7** Pledgor address;    City;    State;    Zip Code**10** Principal occupation (optional)**11** Employer (optional)

Date

Full name of pledgor    ☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;    City;    State;    Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor    ☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;    City;    State;    Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor    ☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;    City;    State;    Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor    ☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;    City;    State;    Zip Code

Principal occupation (optional)

Employer (optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 2

2 FILER NAME

Arturo Peña

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/29/03

5 Payee name

G. Erik Rodrigues

7

Amount  
(\$)

70.00

6 Payee address;

City; State; Zip Code

4917 Flagstone FT. WORTH TX  
76114

8 Purpose of payment (See instructions regarding type of information required.)

Banner

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

1/31/03

Payee name

Arturo Cervantes

Payee address;

City; State; Zip Code

2607 Malone ST.  
FORT WORTH TX 76106Amount  
(\$)

90.00

Purpose of payment (See instructions regarding type of information required.)

Music - FUNDRAISER #1

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

2/11/03

Payee name

Margot Williamson

Payee address;

City; State; Zip Code

318 N. Cummings ST.  
FORT WORTH, TX 76102Amount  
(\$)

195.19

Purpose of payment (See instructions regarding type of information required.)

Reimbursement;  
supplies for fundraiser #1 → see Attachment

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

4/1/03

Payee name

Margot Williamson

Payee address;

City; State; Zip Code

318 N. Cummings ST.  
FORT WORTH, TX 76102Amount  
(\$)

565.00

Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT; Supplies  
YARD SIGN Balance Fundraiser #2 → see Attachment

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule E:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender a  
financial institution?

Y      N

**8** Lender address;   City;   State;   Zip Code**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR  
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address;   City;   State;   Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a  
financial institution?

Y      N

Lender address;   City;   State;   Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none**GUARANTOR  
INFORMATION**

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address;   City;   State;   Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:

2 of 2

**2** FILER NAME

Arturo Peña

**3** ACCOUNT # (Ethics Commission filers)**4** Date

2/11/03

**5** Payee name

US Postmaster

**7** Amount (\$)300<sup>00</sup>**6** Payee address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)Permit - BULK MAIL  
Application fee**9** -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

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Itemized political expenditures for schedule F:

1/31/03 Margot Williamson

Office supplies	28.53
	18.15
Food	84.75
Stationary	<u>63.76</u>
	195.19

4/01/03 Margot Williamson

Stationary	10.63
	70.94
Kinko	87.13
Yard signs	<u>387.14</u>
	565.00

2/11/03 US Postmaster

Annual bulk mail	150.00
Permit imp app	<u>150.00</u>
	300.00



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

Arturo Peña

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/31/03

5 Payee name

Arturo Peña

6 Payee address; City; State; Zip Code

2212 Prairie FORT WORTH TX 76106

8 Amount (\$)

300.00

7 Purpose of expenditure (See instructions regarding type of information required.)

reimb. Music Deposit 90.00  
Decorations 60.00  
Advert - sign 150.00

☒ Reimbursement from political contributions intended

Date

2/28/03

Payee name

Arturo Pena

Payee address; City; State; Zip Code

2212 Prairie FORT WORTH TX 76106

Amount (\$)

138.43

Purpose of expenditure (See instructions regarding type of information required.)

Helium rental 38.43  
Political office filing fee 100.00

☒ Reimbursement from political contributions intended

Date

3/31/03

Payee name

Arturo Peña

Payee address; City; State; Zip Code

2212 Prairie Ft. Worth TX 76106

Amount (\$)

648.00

Purpose of expenditure (See instructions regarding type of information required.)

Yard sign deposit 360.00 Fundraiser #2  
Campaign T-shirts 138.00 supplies 150.00

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule H:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Business name**7** Amount  
(\$)**6** Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**